



# Childhood Vaccination Subgroup

## Terms of Reference

September 2023

[www.childhealthtaskforce.org](http://www.childhealthtaskforce.org)

### Background

Childhood vaccination remains one of the most effective ways to reduce child deaths and accelerate achievement of the [Sustainable Development Goal](#) for child survival (SDG 3.2). But currently coverage of the most lifesaving vaccines for children - targeting pneumonia/meningitis, diarrhea, measles, and whooping cough/pertussis - are well below the [Immunisation Agenda 2030](#) (IA2030) target of 90% global coverage.

In 2022, full coverage of the pneumococcal conjugate vaccine (PCV) among one-year-olds was just 60%, rotavirus vaccine was 51%, measles was 74%, and pertussis/whooping cough was 84%, according to the [World Health Organization \(WHO\) and UNICEF](#). Of great concern, [25 million children missed](#) out on their diphtheria, tetanus, and pertussis (DTP) vaccine in 2021 due to the pandemic, and there were large [measles outbreaks](#) in more than ten countries. Further, the number of completely unvaccinated “zero-dose” children increased by five million during the pandemic.

Countries can make significant progress towards achievement of SDG 3.2 by increasing coverage of these vaccines, as pneumonia, diarrhea, meningitis, measles, and pertussis/whooping cough account for 1.5 million, or 30%, of all five million child deaths, according to the [Global Burden of Disease](#). This is especially critical for the 54 countries that are not on-track to achieve SDG 3.2 according to the [Child Survival Action](#) initiative. Among this group, eight countries have yet to introduce the PCV<sup>1</sup> and 11 have yet to introduce rotavirus vaccines.<sup>2</sup> Second dose measles coverage is below 60% in 32 of the off-track countries and in 2023 alone there have been [large measles outbreaks](#) in Pakistan, Somalia, Cameroon, Ethiopia, Democratic Republic of Congo, Afghanistan, and Gabon.

Further, two other vaccines are highly relevant for child survival - the new malaria vaccine (RTS,S) and the vaccine for respiratory syncytial virus (RSV). Malaria is a leading cause of child death in 34 of the 54 off-track countries and the RSV vaccine targets the leading cause of viral pneumonia among children. While the RSV vaccine is [estimated to prevent many child deaths](#), the impact of the RTS,S vaccine is [currently being assessed](#) in Ghana, Tanzania, and Kenya.<sup>3</sup>

As the world emerges from the pandemic with one in five children unvaccinated and under-vaccinated according to [UNICEF](#), it is vital that a diverse set of child survival actors can come together regularly to strategize effective ways to support governments to increase coverage of the most lifesaving childhood vaccines. Under the aegis of the Global Pneumonia Forum Steering Committee, the Pneumococcal Conjugate Vaccine (PCV) Sub-group is a strong example of a forum which successfully advocated for a greater focus on PCV (and rotavirus vaccines) in no- and low-coverage countries. The group not only steered key policy wins on PCV prioritization by governments - including a change in Gavi co-financing eligibility requirements that will enable PCV introduction in a subset of the most fragile countries - but also mobilized ambitious new PCV and rotavirus vaccine

commitments from governments and engaged new organizations in the long struggle to protect children from pneumococcal and rotavirus disease.

Building on this successful model, the Childhood Vaccination Subgroup of the Child Health Task Force (the subgroup) will embed the successful features of the PCV Working Group into a broader childhood vaccine group underpinned by common principles of vaccine equity, accessibility, and affordability. This subgroup can more effectively support the increases in coverage of the most lifesaving childhood vaccines that will impact SDG 3.2 achievement and improve coordination among the major global and regional childhood vaccine initiatives underway and planned.

Critically, the subgroup will deepen linkages between childhood vaccine groups and groups focused on other prevention, diagnosis, and treatment interventions relating to the leading child killers and risk factors. The goal is that greater alignment across these groups and initiatives at the global level will signal and strengthen similar collaboration at the country level. Reduced fragmentation across child survival initiatives and greater alignment across programs - including those addressed by other Child Health Task Force subgroups - will accelerate efforts to reach the most vulnerable children.

## Roles and Responsibilities

Define specific objectives, tasks and deliverables for the subgroup in relation to the broader Task Force agenda and Child Survival Action initiative

Provide technical leadership and facilitate advocacy, coordination, communications, and activities that will advance child vaccination programs

Develop and disseminate tools and offer trainings to child vaccination program managers to increase program performance and quality through analysis, reporting and use of data

## Goal

To accelerate high coverage (>90%) of the most lifesaving childhood vaccines, especially in the 54 countries off-track to achieve SDG 3.2.

## Objectives

Childhood Vaccination Subgroup will:

- mobilize support for off-track countries (see table in Annex I) to introduce PCV and rotavirus vaccines before 2025, including by assisting with Gavi applications, generating lives-saved impact data, analyzing cost-benefits of various introduction options (e.g., catchup campaigns, vaccine product choice, dosing schedules, etc.), and by strategizing solutions to high coverage barriers (e.g., vaccine price, cold chain, workforce, etc.)
- support national vaccine prioritization exercises that enable governments to assess the relative impact of the PCV, rotavirus, measles, DTP, and malaria (where relevant) vaccines, and the likely impact of the RSV vaccine, including by advocating for country-based and country-led research on new and emerging childhood vaccines
- conduct independent analyses of PCV, rotavirus, measles, and DTP vaccine coverage in the 54 off-track countries, and where relevant RSV and RTS,S vaccines, and publish progress reports with recommendations during World Immunization Week (April) each year

- convene leading childhood vaccination stakeholders to discuss strategies to better integrate the delivery of critical child survival vaccines in the 54 off-track countries (e.g., National Child Health Technical Working Groups or equivalent, National Immunization Technical Advisory Groups/NITAGS, Immunization Agenda 2030, Measles and Rubella Partnership, Defeat Diarrhea, Malaria Vaccine Initiative, Meningitis Research Foundation, etc.)
- leverage the work of other vaccine initiatives that are active in the 54 off-track countries, including zero-dose vaccine programs (e.g., ZIP program), the Global Polio Eradication Initiative, Global Taskforce on Cholera Control, and HPV campaigns
- execute campaigns that raise awareness and build support for increases in coverage of the most lifesaving childhood vaccines (e.g., calls for industry to reduce prices, community mobilization and awareness), with a special focus on vaccinating vulnerable children (e.g., migrant and displaced, disabilities and conflict-affected)
- engage industry to announce plans to accelerate access to childhood vaccines by addressing supply constraints, the relatively high prices of the PCV, rotavirus, and measles vaccines, and the RTS,S and RSV vaccines where relevant
- deepen linkages between vaccine groups and groups focused on other prevention, diagnosis, and treatment interventions relating to the leading child killers and risk factors (e.g., pneumonia, diarrhea, and malaria, and malnutrition, air pollution, and low birth weight/short gestation)
- leverage investments in health systems strengthening and Universal Health Coverage (UHC) for improvements in coverage of the most lifesaving childhood vaccines
- disseminate the work of the subgroup and its members to critical decision-making audiences, especially vaccine stakeholders in the off-track countries, including by building a strong social media presence and contributing to broader vaccine advocacy and communications efforts (e.g., Immunization Partners, ONE Campaign, Global Citizen, etc.)

## Expected Results and Performance Indicators

Increased awareness of childhood vaccination gaps and improvement towards full vaccine coverage (PCV, rotavirus, measles, and DTP) in the 54 off-track countries, based on annual WUENIC data. Indicators include:

- Full vaccine coverage (PCV, rotavirus, measles, and DTP) in the 54 off-track countries, based on annual WHO/UNICEF Estimates of National Immunization Coverage (WUENIC) data (updated July each year)
- Number of off-track countries yet to introduce PCV and rotavirus vaccines, based on WUENIC data
- Number of off-track countries with childhood vaccine prioritization analysis (e.g., Vaccine Impact Modelling Consortium, Lives Saved Tool, etc.)
- Number of subgroup members
- Number of monthly call attendees
- Number of special initiatives hosted (e.g., campaigns, webinars, etc.)
- Number of childhood vaccination advocacy and/or communications efforts led by members

## Membership

The Child Survival Action partners will be encouraged to join the subgroup (i.e., Sierra Leone MOH, USAID, UNICEF, WHO, GFF, Save the Children) along with other major vaccine organizations (Gavi, Sabin, IVAC, PATH, MSF, BMGF, PAHO, MCRI, JSI, Mériex Foundation, CDC, Results) and coalitions or alliances working in childhood vaccination (e.g., IA 2030 network, Every Breath Counts, African Rotavirus Network (AfrRN), Defeat Diarrhea, Measles and Rubella Partnership, Global Polio Eradication Initiative, Respiratory Syncytial Virus Foundation (ReSViNet), Malaria Vaccine Initiative, Meningitis Research Foundation, Shot@Life/UN Foundation, New Incentives etc). Special efforts will be made to involve local vaccine advocacy organizations as part of the Gavi CSO network hosted by Amref and beyond.

## Leadership

- The subgroup will have no more than three co-chairs, at least two based in two of the 54 off-track countries and one representing a major global vaccine partner
- Co-chairs will be responsible for implementing the activities outlined in this document, including by scheduling regular subgroup meetings, sharing relevant information, and ensuring that members are collaborating effectively. Co-chairs are also expected to attend quarterly meetings with the Secretariat and other responsibilities outlined in the subgroup co-chair terms of reference
- The subgroup is accountable to the Child Health Task Force Secretariat (JSI) and Steering Committee and will report on key performance indicators quarterly

## Meeting Schedule

TBD, at least quarterly

## Annex I: Coverage of Lifesaving Childhood Vaccines in the 54 Countries Off-track to Achieve SDG 3.2

| Countries (in order of number of child deaths) | Number of child deaths, 1-59 months (2019) | PCV (2022) | Rotavirus (2022) | Measles (2022) | DTP (2022) | Malaria (only in countries where malaria is a top 3 child killer) |
|--|--|------------|------------------|----------------|------------|---|
| Nigeria  | 496,000                                    | 60%        | 12%              | 38%            | 62%        | 0%  |
| Pakistan                                       | 167,000                                    | 85%        | 88%              | 79%            | 85%        |   |
| DRC  | 104,000                                    | 64%        | 59%              | 0%             | 65%        | "1 of 12 countries to receive first 18M doses"                    |
| Ethiopia                                       | 92,000                                     | 61%        | 65%              | 48%            | 65%        | 0%  |
| Niger  | 90,000                                     | 84%        | 86%              | 42%            | 84%        | 1 of 12 countries to receive first 18M doses                      |
| Burkina Faso                                   | 72,000                                     | 91%        | 85%              | 71%            | 91%        | 1 of 12 countries to receive first 18M doses                      |
| Mali   | 72,000                                     | 77%        | 70%              | 44%            | 77%        | 0%  |
| Tanzania                                       | 68,000                                     | 83%        | 67%              | 76%            | 88%        | RTS,S pilot   |
| Chad   | 60,000                                     | 0%         | 0%               | 2%             | 60%        | 0%  |
| Somalia  | 54,000                                     | 0%         | 0%               | 8%             | 42%        |   |
| Uganda   | 51,000                                     | 90%        | 84%              | 49%            | 89%        | 1 of 12 countries to receive first 18M doses                      |
| Mozambique                                     | 47,000                                     | 70%        | 73%              | 70%            | 61%        | 0%  |
| Afghanistan                                    | 44,000                                     | 67%        | 63%              | 49%            | 69%        |   |
| Cameroon                                       | 42,000                                     | 67%        | 61%              | 44%            | 68%        | 1 of 12 countries to receive first 18M doses                      |
| Angola   | 35,000                                     | 24%        | 37%              | 25%            | 42%        | 0%  |
| Cote d'Ivoire                                  | 34,000                                     | 61%        | 65%              | 20%            | 76%        | 0%  |
| Guinea   | 31,000                                     | 0%         | 0%               | 3%             | 47%        | 0%  |
| Madagascar                                     | 28,000                                     | 57%        | 53%              | 32%            | 57%        |   |
| Kenya  | 28,000                                     | 91%        | 23%              | 56%            | 90%        | RTS,S pilot   |
| Benin  | 27,000                                     | 73%        | 76%              | 0%             | 76%        | 1 of 12 countries to receive first 18M doses                      |
| Sudan  | 25,000                                     | 85%        | 84%              | 63%            | 84%        |   |
| Ghana  | 24,000                                     | 99%        | 94%              | 84%            | 99%        | RTS,S pilot   |
| Yemen  | 23,000                                     | 74%        | 76%              | 56%            | 74%        |   |
| South Sudan                                    | 21,000                                     | 0%         | 0%               | 0%             | 73%        | 0%  |
| Myanmar  | 21,000                                     | 57%        | 58%              | 64%            | 71%        |   |
| Sierra Leone                                   | 20,000                                     | 93%        | 88%              | 73%            | 91%        | 1 of 12 countries to receive first 18M doses                      |
| Burundi  | 18,000                                     | 91%        | 91%              | 85%            | 91%        | 1 of 12 countries to receive first 18M doses                      |
| Zambia   | 18,000                                     | 78%        | 32%              | 81%            | 82%        | 0%  |

| Countries (in order of number of child deaths) | Number of child deaths, 1-59 months (2019) | PCV (2022) | Rotavirus (2022) | Measles (2022) | DTP (2022) | Malaria (only in countries where malaria is a top 3 child killer) |
|--|--|------------|------------------|----------------|------------|---|
| CAR  | 16,000                                     | 40%        | 0%               | 0%             | 42%        | 0%  |
| Zimbabwe                                       | 13,000                                     | 90%        | 55%              | 77%            | 90%        | 0%  |
| Haiti  | 13,000                                     | 51%        | 48%              | 41%            | 51%        |   |
| PNG  | 11,000                                     | 35%        | 0%               | 25%            | 36%        |   |
| Togo   | 9,000                                      | 82%        | 79%              | 57%            | 82%        | 0%  |
| Rwanda   | 9,000                                      | 98%        | 98%              | 82%            | 98%        | 0%  |
| Eritrea  | 6,000                                      | 95%        | 96%              | 85%            | 95%        |   |
| Liberia  | 5,000                                      | 74%        | 73%              | 59%            | 78%        | 1 of 12 countries to receive first 18M doses                      |
| LaoPDR   | 4,000                                      | 78%        | 0%               | 55%            | 80%        | 0%  |
| Congo  | 3,000                                      | 76%        | 45%              | 34%            | 78%        | 0%  |
| Lesotho  | 2,000                                      | 87%        | 87%              | 75%            | 87%        |   |
| Guinea-Bissau                                  | 2,000                                      | 74%        | 76%              | 1%             | 74%        | 0%  |
| Dominican Republic                             | 2,000                                      | 73%        | 86%              | 59%            | 88%        |   |
| Mauritania                                     | 2,000                                      | 73%        | 72%              | 0%             | 76%        | 0%  |
| Turkmenistan                                   | 1,000                                      | 98%        | 98%              | 99%            | 98%        |   |
| The Gambia                                     | 1,000                                      | 75%        | 82%              | 52%            | 79%        | 0%  |
| Eswatini                                       | 900  | 96%        | 99%              | 77%            | 97%        |   |
| Djibouti                                       | 900  | 59%        | 66%              | 48%            | 59%        |   |
| Equatorial Guinea                              | 800  | 0%         | 0%               | 13%            | 53%        | 0%  |
| Timor Leste                                    | 600  | 80%        | 80%              | 78%            | 86%        |   |
| Gabon  | 600  | 0%         | 0%               | 0%             | 60%        | 0%  |
| Namibia  | 500  | 85%        | 55%              | 79%            | 84%        | 0%  |
| Comoros  | 400  | 0%         | 0%               | 79%            | 88%        |   |
| Fiji   | 200  | 99%        | 99%              | 78%            | 99%        |   |
| Kiribati                                       | 60   | 99%        | 94%              | 68%            | 91%        |   |
| Dominica                                       | 9  | 0%         | 0%               | 89%            | 92%        |   |

Sources: Global Burden of Disease 2019, and WHO/UNICEF Estimates of National Immunization Coverage (WUENIC), 2023

Note the following countries have not introduced PCV but are not among the 54 off-track countries:

- Tajikistan launched PCV in 2022 and will have a catch-up campaign in 2023
- Vietnam has achieved SDG 3.2 and will target PCV inclusion in 2025-2030 national vaccine plan

- North Korea has achieved SDG 3.2 with no PCV plans
- Syria has achieved SDG 3.2 with no PCV plans
- Egypt has achieved SDG 3.2 with no PCV plans
- China has achieved SDG 3.2 with no PCV plans
- Venezuela has achieved SDG 3.2 with no PCV plans
- Iraq has achieved SDG 3.2 with no PCV plans
- Iran has achieved SDG 3.2 with no PCV plans